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State of Nebraska
Investigator's Motor Vehicle Accident Report

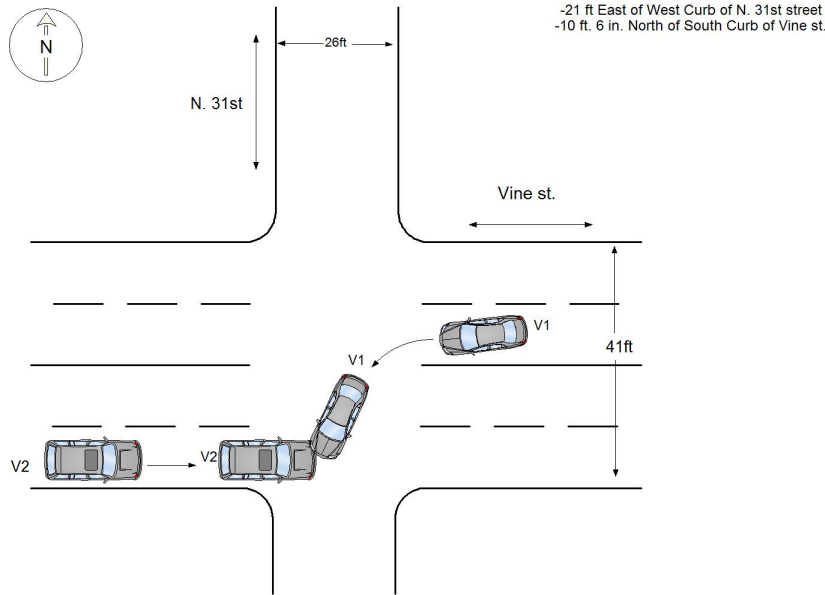
Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 30	Agency Case No. B5-053265	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/15/2015		TIME OF ACCIDENT 2017	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2019	06/16/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N. 31st/Vine st.		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
10	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
E	VEHICLE NO. 1					
2	DRIVER LICENSE NO. STATE (Of License) SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE					
F	DRIVER NAME PHONE LOCAL NO.					
1	MARCUS B RICHARDSON JR. (402) 601-6901					
V1/N	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY)					
2	1602 E st., Lincoln, NE 68508 10/14/1999					
V2/N	OWNER NAME PHONE LOCAL NO.					
2	ISIS VARGAS (402) 438-4476					
G	OWNER ADDRESS CITY, STATE, ZIP CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CITATION NO.					
4	5421 Leighton Ave., Lincoln, NE 68524 LB460057					
H	LICENSE PLATE PA NO. TSM692 YEAR (Plate Expires) 2016 STATE (Of Plate) NE					
5	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE					
V1/O	2013 Chrysler 2TR 4 door Sedan black <input type="checkbox"/> TOALED \$ 1500					
2	VEHICLE ID NO. (V1/N) 1C3CCBBB5DN579062 INSURANCE COMPANY					
V2/O	TOWED TO TOWED BY POLICY NO. Allstate Insurance					
2	985589302					
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO. H13633389 STATE (Of License) NE SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE					
V1/P	DRIVER NAME PHONE LOCAL NO.					
8	NADA M JUMA (619) 792-5047					
V2/P	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY)					
1	5851 N 23RD ST APT 209, LINCOLN, NE 68521 01/24/1975					
J	OWNER NAME PHONE LOCAL NO.					
01	NADA M JUMA (619) 792-5047					
V1/Q	OWNER ADDRESS CITY, STATE, ZIP CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITATION NO.					
4	5851 N. 23rd st. #209, Lincoln, NE 68521					
V2/Q	LICENSE PLATE PA NO. TJL966 YEAR (Plate Expires) 2015 STATE (Of Plate) NE					
4	VEHICLE YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE					
4	2004 Lexus R33 4 door Sedan gray <input type="checkbox"/> TOALED \$ 2000					
K	VEHICLE ID NO. (V1/N) JTJGA31U140021019 INSURANCE COMPANY					
02	TOWED TO TOWED BY POLICY NO. Geico					
	4245-63-94-08					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5	SEX M F
2	NADA M JUMA	5851 N. 23rd st. #209, Lincoln, NE 68521	01/24/1975		01 1 07 3 1	F
LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5	SEX M F
LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5	SEX M F
LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053265



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #2 (D2) said she was EB on Vine street in the outside (south) lane and approaching the intersection of N. 31st/Vine st. at a speed of approx. 25-30 mph. D2 said she had the green light so she proceeded through the intersection. D2 said as she was approaching the intersection vehicle #1, which was WB on Vine street, suddenly pulled out in front of her. D2 said she applied her brakes to avoid collision but was unable to stop in time and her vehicle and vehicle #1 struck each other. D2 said driver of vehicle #1 left the scene w/o exchanging driver and vehicle information. Witness said he was EB on Vine street and was in the inside lane waiting to turn left to no NB onto N. 31st street. Witness said while waiting he obs. vehicle #1, which was WB on Vine street, pull out in front of vehicle #2, which was EB on Vine street in the outside lane and going through the intersection. Driver of vehicle #1 (D1) was eventually located a few ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Malcolm A Lindeman	ADDRESS 3226 W st., Lincoln, NE 68503	PHONE (402) 525-4423		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1			X	Vine st.	POINT OF IMPACT	02	POINT OF IMPACT	08	1	4	5	1	9	9	
2		X		Vine st.	MOST DAMAGED AREA	02	MOST DAMAGED AREA	08	2	4		2	9		
1	06	06 Turning left			00 None		02	03	04	3	Deployed - both front/side	1	None used - vehicle occupant		
2	01	07 Making U-turn			09 Top & windows					4	Not deployed	2	Lap & shoulder belt used		
				08 Entering traffic lane	10 Undercarriage					5	Not applicable/ No airbag available	3	Shoulder belt only used		
				09 Leaving traffic lane	11 Total (all areas)					6	Unknown	4	Lap belt only used		
				10 Parked	12 Other					7	Child safety seat used	5	Child booster seat used		
				11 Slowing or stopped in traffic						8	DOT approved helmet used	6	Costume helmet used		
				12 Other						9	Restraint use unknown	7	Restraint use unknown		
				13 Unknown								8	Costume helmet used		
												9	Restraint use unknown		

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
	5	1	
1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			

OFFICER NO. 1288	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chad Baehr		INVESTIGATOR SIGNATURE Approved by Officer Chad Baehr	DATE OF REPORT 06/16/2015

State of Nebraska
Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./ District 30		Agency Case No.		B5-053265	STATE USE ONLY	
(MM / DD / YYYY)		PLACE OF ACCIDENT		COUNTY	Lancaster	
/2015				CITY	Lincoln	
NT OCCURRED		STREET/HIGHWAY NO.		N. 31st/Vine st.		

OFFICER NO. 1288	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department		
INVESTIGATOR NAME <i>(Print or Type)</i> Chad Baehr		INVESTIGATOR SIGNATURE Approved by Officer Chad Baehr		DATE OF ACCIDENT 06/16/2015